

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

West Virginia Republican Party, Inc.

ADDRESS (number and street)

700 Washington Street, East

Suite 201

☐ (Check if address is changed)

Charleston

WV

25301-

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

wvgop@wvgop.org

☐ (Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.wvgop.org/

☐ (Check if address is changed)

2. DATE

M M / D D / Y Y Y Y Y Y
05 / 12 / 2012

3. FEC IDENTIFICATION NUMBER

C C00417063

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Ms. Michelle L. Wilshere

Signature of Treasurer

Ms. Michelle L. Wilshere

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
05 / 23 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: ☐ House ☐ Senate ☐ President State District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☒ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="text" value="C"/>
2.	_____	FEC ID number	<input type="text" value="C"/>
3.	_____	FEC ID number	<input type="text" value="C"/>
4.	_____	FEC ID number	<input type="text" value="C"/>

Write or Type Committee Name

West Virginia Republican Party, Inc.**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mr. Shirley B. Searls

Mailing Address

4470 Route 34

Winfield

WV

25213

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Ms. Michelle L. Wilshire

Mailing Address

459 17th. St.

Dunbar

WV

25064-2439

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

Full Name of
Designated
Agent

Conrad G. Lucas II

Mailing Address

P.O. Box 564

Huntington

CITY

WV

STATE

25710-0564

ZIP CODE

Title or Position

Chairman

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase Bank

Mailing Address

Ohio / West Virginia Markets

PO Box 260180

Baton Rouge

CITY

LA

STATE

70826-0180

ZIP CODE

Name of Bank, Depository, etc.

The Huntington National Bank

Mailing Address

PO Box 1558 EA1W37

Columbus

CITY

OH

STATE

43216-9753

ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

[ADDITIONAL]

JP Morgan Chase

Mailing Address

707 Virginia Street East

Charleston

WV

25301

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

[ADDITIONAL]**Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Joint Fundraiser Participant**[ADDITIONAL]**

FEC ID number

C